

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076971

1. Entity Name

SUPER T TIME, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90879 012 \*\*\*150.00

Principal Place of Business

Mailing Address

2455 HOLLYWOOD BLVD #107  
HOLLYWOOD FL 33020  
US

2455 HOLLYWOOD BLVD #107  
HOLLYWOOD FL 33020-6605  
US

2. Principal Place of Business

3. Mailing Address

~~809 NE, 17th Terrace, #C~~  
Suite, Apt. #, etc.

809 NE, 17th Terrace, #C  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Fort Lauderdale Florida

City & State  
Fort Lauderdale, Florida

4. FEI Number 65-0806515

Applied For  
Not Applicable

Zip Country  
33304 USA

Zip Country  
FL 33304 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABOSSIERE, MARC  
1222 NE 4TH AVE  
FT LAUDERDALE FL 33304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME PATRICK, LAMOUREUX  
STREET ADDRESS 16223 EMERALD COVE  
CITY-ST-ZIP FT LAUDERDALE FL 33331

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 809 NE, 17th Terrace, # C  
CITY-ST-ZIP Fort Lauderdale, FL 33304

TITLE D ☐ Delete  
NAME BERNARD, PIUZE  
STREET ADDRESS 2215 CYPRESS ISLAND DRIVE #907  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-2000 (954) 764-4181

CR2E034 (9/99)